2411 N. Charles St., Baltimore

08223

		7.	4
Diat.	No.		

CERTIFICAT	E OF DEATH Reg. Diat. No
A. PLACE OF DEATH: County Carroll City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, insiliution, or street address where death occurred: Mary land Tuberculosis Sanatorium How long in hospital or insiliution? Colored Branch, Henryton, Md.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State
3.(a) FULL NAME ALMA LOUISE ALEXANDER	3. (b) Social Security Number
4. Sei 5. Color or race 6.(a)Single, married, widowed, or divorced female Col Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. August 24. 19.48 at 2:10 Am
6.(b) Name of husband or wife Collins Alexander 6.(c) Name of husband or wife Collins Alexander 6.(c) It alive, give age 29 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 26 19. 45, to August 24 19. 48 and that I last saw here alive on August 24 18. 48
deceased (mo., day, yr.) April 8, 1919 8. AGE: Years Months Days If less than one day 29 4 16 hrs. hrs. hrs.	Immediate cause of death Pulmonary Tuberculosis 1945
9. Birthplace Baltimore, Maryland (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business 12. Name Lorenzo Jones 13. Birthplace N. Carolina 14. Maiden name Alverta Jones 15. Birthplace Baltimore, Maryland	Due to
Address 17. Deceased 18. Funeral director Address A 2 Darrollin Ave A ugust 24 19. (Date rec'd by registrar) 18. Informant Deceased Address A 2 Darrollin Ave Registrar Registrar	Autopsy resolts. PHYSICIAN: Please woderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide

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UNFADING INK. Supply every item of information carefull; ant. Physicians: please write the causes of death clearly and

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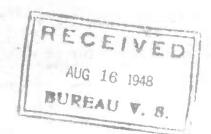
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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08230

CERTIFICAT	TE OF DEATH	Reg. Dist. No
City or town	Street No. (If rural, give L	y Caral and give nearest town)
How long In hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Wary & algire		3. (b) Social Security Number
4. Sex / 5. Color or race (a) Single, married, widowed or divorced	MEDICAL CE	2- 1948 at 10:30 m
6.(b) Name of bushase or wife Meliter all give age years 7. Birth date of 22 16 CC	21. I CERTIFY that death occurred on the date above	8, 10 aug. 12 1948
deceased (mo., day, yr.)	and that I last saw h	
8. AGE: Years Months Days If less than one day 8 9 10 20hrsmin.	Wremse	/wuh-
9. Birthplace	Due to With Seleva	ac 8 years
11. Industry or business	Due to.	
12. Name Charles Oushards 13. Birthplace manyland	Other conditions	
× 1 0 5 +/	(Include pregnancy within 3 me	
14. Maiden name Mary Caref		
Address Haubstead Mid	Actopsy results	
17	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	Date of
Cemetery or crematory Accepted	Where did Injury occur?(City or town) Injured at home, farm, Industry, public place (whe	
18. Funeral director. Elev Chipton	Means of Injury	Injured at work?
Address Harehstead MA	200 . 00	(P. 10.1)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

			CERTIFIC	CATE OF DEATH Reg. Dlat. No
How long in above place Hospital, Institution, or Maryland To How long in hospital or	ton, Mary utside city or town of death? street address when aberculos. Institution?	land limits, write l days death occurre	RURAL and give nearest town d: atorium	State County County County County County County or town Baltimore-5- (If outside city or town limita, write RURAL and give nearest town) Street No. 1640 Miller Street (If rural, give LOCATION)
3. (a) FULL NAME		HN ASKI	NG	3. (b) Social Security Number
4. Ser Male	5. Color or race	\$.(a)Sing	le, married, widowed, or divorced dowed	MEDICAL CERTIFICATION 20. DATE OF DEATHAugust. 31 19 48
	***********		c) If alive, give age	
8. AGE: Years 71	Months	Days	If less than one day	Pulmonary Tuberculosis 1946
8. Birthplace Baltimore, Maryland (Town, county, and atate) 10. Usual occupation Laborer 11. Industry or business 12. Name Unknown 13. Birthplace Unknown				Due to
14. Malden name	Unknown Unknown			(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
Address 17. (Burial, cremation, Cemetery or cremator Location	or removal, Which y	Pate their	(month) (day) (year (month) (PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide

WEH UNFADING INK. Supply every item of information carefully mportant. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH & 93d

CEDTIFICATE OF DEATH

	CERTIFICA	TE OF DEATH	Reg. Diat. No	<u></u>
1. PLACE OF DEATH: Carroll	1	2. USUAL RESIDENCE (HOME (For newhore infants give residen	E) OF DECEASED:	-111
City or town	sille	State	County of	
How long, in above place of death? 2 Days	- la sur /3 sur	City or town	Broits, write RURAL and give her	ayést town)
Aspila, institution, or street address where deam occurr		Street No. 152.W	ollins DA	-
Springfill stal	e Stormal	da. 2152 7/4	rive LOCATUM	/
How long in hospital or institution? 2 6 41	6 mit 13 444	2.(a) It veteran, name war		
3. (a) FUIL NAME	ia & Ban	eder	3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a) Sin	gle, married, widowed, or divorced	MEDICAL	. CERTIFICATION	
W-	Smale	20. DATE OF DEATH.	1 22 1948	1/2-0
	//	21 I CERPIEY that death accurred on the da		
8,(b) Name of husband or wife		112912	48 (1	
7. Birth date of	(c) If alive, give ageyear	and that I last saw halive on	aug 29	19.5
deceased (mo., day, yr.)	- 1906	Immediate cause of death		DURATIO
8. AGE: Years Months Days	It less than one day	9		·
72 3 1796	nin	morne my	otarans	1 2 y
9. Birthplace(Town, county, and	intate)	Due to		(.)
10. Usual occupation	endent			24
11. Industry or bysidess / / /		Due to Muy	***************************************	
= 12. Namp Cudstyly Br	ander	- Other conditions	>	
13. Birthptace	MANN	Utilet conditions		
M To M	reser .	(Include pregnancy with	in 3 months of death)	
14. Maiden namé 15. Birthplage		Major findings of uperations		
El 15. Birthplage	many		Date of op	
t6. Inform		Autupsy results	to which death should be charged	statistically.
Address 32 97000	mig vari	22. VIOLENCE: It death was due to extern		
17. (Burml, cremation, operemoval, Which?)	ereot 8-25-4-6	Accident, suicide, or homicide		****************
Men (a	Thedia	Where did injury occur?(City or to		(State)
Cemetery or crematory	Try of	(City or to		
Location		Means of Injury	Injured at work?	
18. Funeral director	senwar		Zac 1 Ca	10
Address 2401 Offederic	to Cove.	XXX	astin X	K.
8/23 VE 16	Us Hed	23. SIGNATURE	1	or other
(Date rec'd by registrar)	Registra	I Address typelson	LL Date signed	4

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2411 N. Charles St., Baltimore

			CERTIFICA.	IE OF DEATH	Reg. Diat. No	4
How long in above place of Mary land Ti	ton, Mary bide eity or town death? 16 reet address where iberculos	d ays death occurred	ural and give nearest town) itorium anch, Henryton, Md.	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n Maryland State	write RURAL and give nea	
3. (a) FULL NAME					3. (b) Social Security	
			VIA BARKLEY		214-20- 169	9
4. Sex	5. Coior or race	6.(a)Singi	e, married, widowed, or divorced		RTIFICATION	73
female	Col/.	Mai	rried	20. DATE OF DEATHAugust 18	19. 48	2:15 ^P
8.(b) Name of husband or 7. Birth date of "deceased (mo., day, yr.)		Raymon	c) If alive, give age61 years	21. I CERTIFY that death occurred on the date above August 2, 19.4 and that I last saw h	e stated; that t attended dece 8, toAugust ust: 18	18 19 48
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death		
5.4	5	28	hrsmin.	Pulmonary Tuberculosi	.S	November 1947
10. Usual occupation 11. industry or business 12. Name	Housewing Hollar	eounty, snd	atate)	Due to		* 44 == 00000000000000000000000000000000
当 14. Maiden name	Rosa Whit	te		Major findings of aperations		
15. Birthplace M	arvland			Major hadings of aperations.		a,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	hter-Mrs.	Rosa H	arcum	Autopsy results		
Address 1822 17	r removel. Which	Oale ther	Quotes M	PHYSICIAN: Please underline the cause to whi 22. PTOLENCE: If death was due to external caus Accident, suicide, or homicide	(County) ere?) Injured at work?	(State)
Address (O	00 1/	Tran	Mocal Registrar		J 21	

ADING FAK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly

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2411 N. Charles St., Baltimore

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eg.	Dist.	No. / O	

CERTIFICAT	TE OF DEATH Reg. Dist. No.
City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For negacy infagets give residence of mother) State
3. (a) FULL NAME Jane Beaux.	3. (b) Social Security Number
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20, DATE OF OBATH. Gugues 16 1548 218:45-A:
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; That I attended deceased from
7. Birth date of 5. (c) tf allve, give aga	and that I last saw h
8. AGE: Yaars Months Oays if less than one day	Immediate cause of death
9. Birliplace Ballimor Sud	Dua to Mulautition
10. Usual occupation. Defaut.	Oue to
12. Name	Other conditions
14. Malden name Laura Voqueia Thuller-	Major fiediogs of operations.
16. Informative & Beaver	Actopsy resolts
Address Wishington Oata thereof (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sulcide, or homicide
Camelery or crematory Camelery or crematory	Where did injury occurr (City or town) (County) (State)
Localion Bless ARROLLO	injured at home, farm, industry, public place (whara?) Means of tnjurad at work?
18. Funeral director	La Thend Delet Muliese Exeminer
19. (Date with day registrar) 19. Regisfror	22 Story M. D. or other M. D. or other M. D. or other Date signed 8-16-48

WITH UNFADING INK. Supply every item of information care important. Physicians: please write the causes of death clearly PLEASE WRITE PLAINLY, is especially

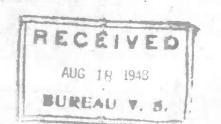
19. (Date p

ebrrect age

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WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly

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MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or laws Woodbriel Renal	State marylund county blunch	
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town	······
Hospital, Institution, or street address where death occurred:	Street No.	"
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Persis Beckley.	3. (b) Social Security Number	
4. Ssx 5. Color or race 6.(a) Single, married, widowed, or divoced	MEDICAL CERTIFICATION	
H W Wordow	20. DATE OF DEATH august 19 1948 11/	/A
6.(b) Name of husband or wife Juliu HBeakley	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	+ 0
7. Birth date of 7. Control of 7. Sirth date of 7. Birth date of 7. Sirth	and that I last daw h. alive on	19
deceased (mo., day, yr.)	· A · A	RATION
8. AGE: Years / Months Days If less than one day	hypertensine condition who	
8 / 1hrsmin.	direct	
9. Birthplace	Due to	
10. Usual occupation	Que to	**************
11, Industry or business		
12. Name Joshua Juacy 13. Birthplace	Diher conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Jaul Valueller 15. Birthplace 711	Major findings of operations	
15. Birthplace md	Major nadiugs of uperatuus	
16 Informant J. J. Herby	Autopsy results.	
Address Pleistustown Ind	PHYSICIAN: Please underline the cause to which death should be charged statistical	y.
B 1 Qua 21/48	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?) Oate thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory. Beet Cleyswill.	Where did injury occur?	
Location Sould to med	injured at home, farm, industry, aubic place (where?)	
18. Funeral director Edw OTipton	Msens of Injury Injured at work?	
Address Heunflottend Mit	ST awam	
Quagy 48 Eliam Heulett	23. SIGNATURE M. D. or other	1.10
(Date rec'd by registrar)	Address. Date signed 8/18	14.8

NOV 24 1948

BUREAU Y. S.

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CER	RTIFICATE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	(If outside city or town limits, write RURAL and give nearest town)
How long in bispital or institution?	Street No
4. Sex 5. Color or race 8.(a) Single, married, widowed,	une Berwager
Fernale White Wilnus	20. DATE DF DEATH
8,(6) Name of husband or wife Service	yeare and that the state of death Dynamics Dynam
8. AGE: Yeare Months Days If less than one hrs. 9. Birthplace Manuelus T. Man	Due to Artin Debuti Carrie Varadio
10. Usual occupation	Due to
12. Name	Diher conditions
14. Majoen name Clayateth Journal 15. Birtholace Many land	Major findings of operations. Date of op.
16. Informant Missing Wents Address Missing to Mil	Autopsy results
17. Burial, cremation, or removal, Which?) Date thereof	22. VtOLENCE: If death was due to external causes, fill in the following: (day) (year) Accident, suicide, or homicide
Cometery or crematory Mandellington Mu	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, ladustry, public place (where?)
18. Funeral program factor of Address Manchestu In	de les la land
19. Quy 79th 1948 Mrs. H. P. J. A	23. SIGNATURE M. D. or other Registrar Address Managed Land Date signed R. 26/3

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AUG 31 1948

RUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08230

Please underline the cause to which death should be charged statisti-

	OF DEATH Reg. Dist. No.
County City or town (If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution: Stay in hospital or inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days) 2(a)	USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If or town (If outside city or town limits, write RURAL NEAR and give town) (If rural give LOCATION) (If FETERAN, NAME WAR
John H. BOONE	3. (b) Social Security Number
1. Sex 5. Color or race 6.(a) Single. married, wildowed, or divorced White Wildowed 20.	MEDICAL CERTIFICATION DATE OF DEATH AUGUST 9 1948, of 6.30 M
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace Duc/stour, Tenm. 10. Usual occupation Crefined 11. Industry or business 12. Name John S. Baone 13. Birthplace Majey/And	I CERTIFY that death occurred on the date above stated; that I eitended deceased from 19
Address Fin/15 bung Md. 17. Bunial, cremation, or removal. Which?) Cemetery or erematory Mt. Pleasant W	f autopsy cally. VIOLENCE: If death was due to external causes, fill in the following; ccident, suicide, or homicide Date of (here did injury occur? (City or town) (County) (State)
18. Funeral director C.M. Walte M. Address WINField. Md.	leans of injury Injured at work? SIGNATURE Chase R Fauth M.D. or other

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WITH UNFADING INK. Every item of information should carefully be supplied inportant. Physicians: please write the causes of death clearly and legibly.

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(Date rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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08238

CERTIFICATE OF DEATH

r. Diat. No.

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Manyland County Galland (If outside city or town limits, write RURAL and give nearest town) Street No. (If rurst, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4 Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	nane
4. Sex S. Color or race S. (a) Single, married, widowed, or divorced Hemale white married S. (b) Name of husband or wife. Milliam J. Borland. 7. Birth date of	MEDICAL CERTIFICATION 20. DATE DF DEATH
8. AGE: Years Months Days If less than one day 8 4 10 19 hrs. min. 9. Birthplace	Immediate cause of death Cardiax Failure Due to Arteriasoluratic Cardio- Vascular Queast. Due to.
11. industry or business 12. Name Martin Perillies 13. Birthplace Maryland 14. Maiden name Martha Stochadalı 15. Birthplace Maryland	Other conditions
16. Informant Milliana J Barland Address Mew Window Md 17. Burland Date thereot (morth) (day) (year) Cemetery or crematory Location Manual Language Location Manual Language 18. Funeral director D Maltagles Y James Authors Window Y Junion Bridge Maltagles 19. (Date pec'd by registrar) 19. (Date pec'd by registrar) 19. (Date pec'd by registrar)	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: tt death was due to external causes, fill in the tollowing: Accident, suicide, or homicide

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CEDTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
County	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, marriel / widowed, or divorced	MEDICAL CERTIFICATION
M W Single	20, DATE OF DEATH Aug. 28, 19 48 21 11:25 P.
11 000	
6.(b) Name of husband or wife	21. I CERTIFY thal death occurred on the date above plated; that I attended deceased from
# (a) Malling annu and	Aug. 26, 19 4 8 10 Aug. 28, 19 40
7. Birth date of /9/1	and that I last saw h. Lace falive on
deceased (mo., day, yr.)	Immediate cause of deathy
8. AGE: Years Months Days tt less than one day	Bronchopulumonia : 2 day
hrsmin.	
9 Birtholace /Yausas	quero Nephritis
9. Birthplace (Town, county, and atate)	
10. Usual occupation	
11. Industry or business	Due to
Charles 116 Buscon	RAnchesia with chronic
	Diher conditions for the conditions
13. Birthplace (Centucky)	(Include pregnancy within 3 months of death)
# 14. Maiden name Mystle Houry	Major findings of operations
H 14. Maiden name Mystle Hodney 15. Birthplace O hio	Date of op.
Haspital 12cards	
16. Informant	Autopsy results
Address Desphesvelle, Mis.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Personal Date thereof 8-30-48	
(Buriel, cremation, or removal. Which?)	Mediacili andred at hemician
Cemetery or crematory	Whera did injury occur? (City or town) (County) (State)
Tilialita Kansas	Injured at home, farm, Industry, public place (where?)
Line C. I.	Meens of Injury Injured at work?
18 Funeral director 2007 Cook File	1 11 11 11 11 11
Address / 217 At Paul S. Sallo. med.	23. SIGNATURE JOSEPH H. Marshall M.D.
19 Aug 29 1948 C. Harry Wer Registrar	Address Springfield State Hospitale signed 8/29/4

Address Springfield State

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AUG 31 1948

BUREAU Y. S.

FILM No. G. 117-AUG 27-1948 1. PLACE OF DEATH: County Carroll City or town	2. USUAL RESIDENCE (For newborn infants given town) State	HOME) OF DECEASED: ve residence of mother) County	give nearest town)
3. (a) FULL NAME			ecurity Number
BUTLER, George M. Sex Scolor or race B.(a)Single, married, with single		DICAL CERTIFICATION	
7. Birth date of deceased (mo., day, yr.) 8. AGE: Yeare Months Days It less the 77 7/4 6 28 9. Birthplace Baltimore Maryland (Town. county, and state) 10. Usual occupation Sexton 11. Industry or business ———————————————————————————————————	Immediate cause of death	nancy within 8 months of death)	DURATION
16. Informant Records of the Springfiel Address Sykesville, Maryland 17. Burial Date thereof S/ (Burial, cremation, or removal, Which?) Cemetery or crematory Loudon Pk. Location Frederick Rd. 18. Funeral director Clarence F. Hoffman Address 1639 Broadway.	PHYSICIAN: Please underline 22. VIOLENCE: If death was death and death and death was death and death and death was death and	the cause to which death should be se to external causes, fill in the following	(State)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08240

CEDTIFICATE OF DEATH

	EKITFICATE	OF DEATH	Reg. Diat. No	7
1. PLACE OF DEATH: Carroll	2.	. USUAL RESIDENCE (HOME) OF	DECEASED:	
County	All st	tale //// Cour	by AA	
(If outside city or town lipsits, write RURAL and	give nearest town)	hod a	111	
How long-in above place of death?	Mr. Jan	ily or town	white RURAL and give neare	st town)
Hospital, Institution, or street address where death occurred:	Maria I Ist	treet 16 801 C has	agette as	L
Spring full all	your may	(If rural give	LOCATION)	./
How long in hospital of institution?	1 5 dec 2.	.(a) It veteran, name war	<i>L</i>	V.
3. (a) FULL NAME	Bertha	Carlangh.	3. (b) Social Security N	umber
4. Sex 5. Color or race 6.(a) Single, married, wi	dowed, or divorced	MEDICAL CE	RTIFICATION	a
V. W. Mars	uld 20	D. DATE OF DEATH.	3/11/ 1048	9-45
6,(b) Name of husband or wife	21	1. I CERTIFY that death occurred on the date abo	re stated; that Lattended decease	ed from
		May 2 9 19,	7.3. to lung 3/	18
7. Birth date of		nd that I last say halive on	My 3/11st	19.4/
deceased (mo., day, yr.) R ACF. Years Months Days It less th	ian one day	mmediate cause of death		DURATION
1/9 0 0 A		Burely 11	lungerna	- 3da
73 7 29	hrs min.		A.	
9. Birthpiace (Town, county, and state)	, de	en french glow	Malla	10 mg
10. Usual occupation.	ender			
t1. industry or bysings 1	0	ue 10		
# 12. Hame / Mulant It, Co	ark	ther conditions	***************************************	4
12. Hame 1 1111111111111111111111111111111111				
E Mari Ve	WW.	(Include pregnancy within 8 n		
15. Birthplace		lajor findings of operations		
2) 13. Birinpiage	1 11 01 .			
16. Intermant of the state of t		utopsy results		atistically.
Address 8 0/12 Lafayette	ve.	2. VIOLENCE: If death was due to external cau		
17. Busial Date thereot 9-	- 3.48			
(Burnal, cremation, or refnoval Which?)	Melly (day) () cas)	scident, suicide, or homicide		
Cemetery or crematory	Cem. W	there did injury occur? (City or town)	(County)	(State)
Location Bello med	Inj	njured at home, farm, Industry, public place (wh	ere?)	
4.1.01: Parl		teens of Injury	Injured al work?	
18. Funeral director Management of the Control of t	y M	W/ W/ 11 -	1 00	
Address 12/14 fact st.	23	3. SIGNATURE MANAGE	uso MU	
(Dato record by registrar)	ry Weers Registrar Ad	ddress dynamica	Date signed	other 45

SEP 2 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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ADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and l

WRITE PLAINLY, WITH UNF. is especially important.

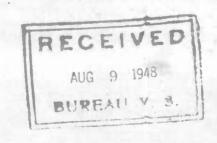
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CERTIFICATE OF DEATH

Reg. Dist. No. 76.

	A	The second secon		
A. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate Maryland County Carroll		
County Carroll Rural Wastmins	ton			
City or town				
How long in above place of death? 23 y	ears		er (rural) , write RURAL and give nearest town)	
Hoepital, institution, or street addrees where death occurred:		Street No. Route		
How long in hospital or institution?		2.(a) It veteran, name war		
3. (a) FULL NAME	***************************************	a.(w) It reterall, name war	3. (b) Social Security Number	
George Henr	r Conant			
	arried, widowed, or divorced	MEDICAL CE	RTIFICATION	
	married			
			1948 ,104a	
6.(b) Name of husband or wife Katherine G	aines	21. I CERTIFY that death occurred on the date abo	ve etated; that I attended decreeed from	
	ailve, give age 77 years	arous ogue	7 10 cmg. 6 19 48	
T. Birth date of deceased (mo., day, yr.) December 7				
	If lese than one day	Immediate cause of death	an eman ab 518m	
76 7 30 -	hrs min.			
	rmont.	Due to		
8. Birthplace Burlington, Ve	e)	Due to		
10. Usual occupation Shoe worker (r	etired)	Pue to		
11. Industry or business	2, 9	DUC 10		
Henry Conant		Diher conditione Devenue 9 est	mary 2 grs.	
12. Name Henry Conant Vermont	Car I	a 4- 1/		
# 14. Maiden name Frances Hovey		(Include pregnancy within 8 n	nontha of death)	
14. Maiden name Frances Hovey 15. Birthplace Vermont	***************************************	Major findings ol operations		
16. Informant Ralph Conant		PHYSICIAN: Please underline the cause to wh		
Addrese Westminster, M		22. VIOLENCE: If death was due to external cau		
Removal Date thereof	8/7/48 (month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?) Cemetery or crematory		Where did Injury occur?		
Location Cornish Flat, N		Injured at home, farm, Industry, public place (wh		
18. Funeral director J. Francis	Reese	Meane of Injury	Injured at work?	
Address / Westminster	· Md.	23. SIGNATURE CZBilli	acolea had	
At de fer	worken		M. D. or other	
19	Registrar	Address Westminiter	_ , Md. Date signed 8-6-48	



PLEASE WRITE PLAINLY, is especially

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH	F

2411 N. Charles St., Baltimore

08242

CERTIFICA	TE OF DEATH Reg. Diat. No.
PLACE OF DEATH: County Death County Mad City or lown Sylve of deathy or town limits, write RURAL and give near-st town) How long In above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? (A) FULL NAME	Street No. 1224 Less + Loudeard Lor. (If rural, give LOCATION)
Justy Winsfred.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Fern. Wh. Sept.	MEDICAL CERTIFICATION 20. DATE OF DEATH Cang. 21. 19.48 12
8.(c) If alive, give age yea 7. Birth date of deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days It less than one dayhrsml	Immediate cause of death. DURATION Due to.
9. Birthplace. (Town, eounty, and state) 10. Usual occupation	Due to lating with metastases to the larges
12. Name Jasepsh H. Druffy 13. Birthplace mary band. 14. Maiden name Anna m. Thefen 15. Birthplace Ohio	Other conditions (Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Brother: Peter N. Dufty Address 1824 East Low Gard Sh. Bah	Antopsy results
17. Butting (Burlan, or fremoval, Which?) Cemetery or crematory. Date thereof. 8-25-48 (Borling Balla - Smel.)	22. VIOLENCE: ti death was due to external causes, fill in the following: Accident, suicide, or homicide
18 Funeral director dilly 3 geler, Inc. Address 403 S. Wolfe A.	Means of Injury tnjured at work? 13. SIGNATURE Edizabeth V- Winnan M.D. or other.
19. Light 2 2 19 4 C. Harry Elect (Date rold by registrar) Registrar	Maire dieles II. S. D. 22 44

AUG 26 1948

BUREAU V. S.

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MARYIANII		DEPARIMENT		HHALL

2411 N. Charles St., Baltimore

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08243

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County City or town West Insurante	State Marsland County Carroll
(If outside city or town limits, write RURAL and give nearest town)	City or town west waster
How long in above place of death?	(If outside city or town limits, write RUBAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. (a.f. (
How long in hospital or institution?	2.(a) ti veteran, name war.
3. (a) FULL NAME	3.(b) Social Security Number
Beulah Edua Erb	nne
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
f. W single	20, DATE OF DEATH august 17 1845, 21.11 P.
6.(b) Name of husband or wife	21. I CERTIFY that seath occurred on the date above stated; that I attended deceased from
	a ril 1998 10 ang 17 1948
7. Birth daile of Section 1997	and the last saw has alive on Originat 1978
deceased (mo., day, yr.) \(\frac{1}{2} \times - \f	Immediais cause pf death De DURATION
8. AGE: Years Months Days If less than one day	Cerebol Anthung Twee
74 6	
9. Birihplace Mlas West newstar alloll Co. M (Town, county, and state)	Due fo
10. Usual occupation Altered Stola hospier	
	Oue to
11. Industry or business	
12. Name	Other conditions
S Bullet H	(Include pregnancy within 8 months of death)
14. Maiden name Sevil Co. Del	Major findings of operations
E 15. Birthplace Chronic . But	
16. Informant Mass. Lellique Bylos	Antopsy results
Address 48 W. may A. Westmenter mil	
17 Burial Dale thereof aug 20.48	22. VIOLENCE: If death was due to esternal causes, fill in the following;
(Burial, cremation, or removal, Which?)	Mediaciti, astrone, or institute description
Cemetery or cromotory West Musself Cemelier	Where did injury occur?
Location July Surveyster July	Injured at home, farm, Industry, public place (where?)
18. Funeral director Q. S. Mingen. Dr.	Means of Injury Injured at work?
Address / / sextransusten . PM .	Chroso Libraro mi
6/10 16 /20	23. SIGNATURE
19. (Date ree d by/registrar) Registrar	Address westwork Date signed 8/18/14



UNFADING INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and

ne correct age

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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08244

/			CERTIFICA	TE OF DEATH Reg. Dist. No	74
How long in above pla Hospital, Institution, Springf	wke sville Foutside vity or town lice of death? 22 or street address where	days death occurre Hospit	al	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	reat town)
3. (a) FULL NAI	ME		American de la companya de la compan	3. (b) Social Security	Number
	EWIS BENJAM			?	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATHAugust 12	(DST) \$ 4:10
			c) If alive, give ageyears 865		12 19 48
8. AGE: Yes		Days 8	It less than one dayhrs. min.	Chronic myocarditis and myocardial degeneration	bunation 5 years
	ederick Cou (Town) Riveter ess Iron Fo	•		Due to.	10 year
12. Name B	enjamin Eyl	er		Other conditions Psychosis with cerebral	6 month
13. Birthplace Frederick County, Maryland			Maryland	arteriosclerosis and cancer of the male gentito urinary organs and	5 month
14. Malden name Martha Rider 15. Birthplace Frederick County, Maryland 16. Informant Record, Springfield State Hospital			y. Maryland	Major findings of operations	
	ord, Spring	arylan	đ	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged 22. VIOLENCE: If death was due to external causes, fill in the following;	statistically.
17. Burial Date thereof 8/16/48 (month) (day) (year) Cometery of Communication of removal Which?)				Accident, sulcide, or homicide);;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
			CONTRACTOR AND	(City or town) (County)	(State)
tocation Pikesville, Balto. Md. 18. Funerat director. WM. J. TICKNER & SONS INC.				Meens of Injury thijured af work?	
Address No.	rth & Pa. A	ves. B	alto. 17, Md.	23. SIGNATURE THE M. D. C.	
(Date rec'd by	13 19. XJ	/	Do Registrar	Address Sykesville, Maryland Date signed	8/12/48

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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U	0	6	7	ę)

Reg. Dist. No. 74

CERTIFICATE OF DEATH

2. [USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State	Maryland county Worcester
City	or town Berlin (If outside city or town limits, write RURAL and give nearest town)
Stree	et No. Route 3

0. (0)				
	A	nnanies	Foreman	

How long in above place of death? 8 months, 27 days Hospital, Institution, or street address where death occurred:
Maryland T uberculosis Sanatorium

How long in hospital or institution? Colored Branch

City or town Henryton, Maryland
(If outside city or town limits, write RURAL and give nearest town)

6.(a) Single, married, widowed, or divorced 5. Color or race Col. Married male

6.(c) It alive, give age ...

6.(b) Name of husband or wife. Elsie Foreman

deceased (mo., day, yr.) March It less than one day 8. AGE:

10. Usual occupation Farmer

11: Industry or business

PLACE OF DEATH: County Carroll

3 (a) FIIII NAME

12. Name Samuel Foreman 13. Birthplace Maryland

14. Maiden name Mary Selby 14. Malden nat

Maryland

16. Informant Deceased

Address

Address

(Date ree'd by registrar)

Loca

Where did Injury occur?

Means of Injury

Accident, suicide, or homicide.....

(City or town)

Injured at home, farm, Industry, public place (where?)

Registrar | AddressHenryton, Maryland Date signed 8-6-48

	3. (b) Social Security	Number
MEDICAL CI	ERTIFICATION	
20, DATE OF DEATH August 6,	19.48	.7:30 P
21. I CERTIFY that death occurred on the date abo November 10	47 to August 6,	1948
Immediate cause of death Pulmonary Tuberculodi	S	July 1947
Due ta		***************************************
Due to		
Other conditions		0
(Include pregnancy within 3		
Major fiadings of operations.	Date of op	
Autopsy results	hich death should be charged	statistically.
22. VIOLENCE: It death was due to external cau	ises, till in the tollowing;	

(If rural, give LOCATION)

AUG 10 1948

BUREAU V. S.

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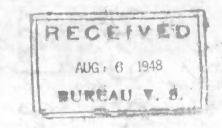
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

OPPRIEIGATE OF DEATH

CERTIFICAL	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhord infants give residence of mother) State
How lone in above place of death?	City or town
How/ong to hospital institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Hallie	addless 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Devorced	MEDICAL CERTIFICATION 20, DATE OF DEATH 20, DATE OF DEATH 20, DATE OF DEATH 20, DATE OF DEATH
B,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.42 to and 3 19.48
7. Birth date of deceased (mo., day, yr.) LANTI / 8 75 8. AGE: Years Months Days II tess than one day	and that I last saw h alive on
73min.	Caremona of Stomach 6 mo
9. Birthpiace (Town, county, and state) 10. Usual occupation.	Due to.
11. Industry on business / Of Lowe .	Differ conditions
12. Name homas Edes 13. Birthplace Kery Company	(Include pregnancy within 8 months of death)
14. Maiden name Jarah the pallet Parker	Major findings of operations
Holdiss fan Pell I Philadelina	Actors results
17. Berial Date thereof (May) (948 (Burial, cremation, or removal Which?)	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Cemetery or crematory Summissions. Location Sylvaville Ma	Where did Injury occur?
18. Funeral director	Means of Injury Injured at work?
19. Address Syncestice 1 to 19. Address 19. All Ostany Keev Registrar Registrar	Address Males Well More signed 45



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

., Baltimore Q

CERTIFICATE OF DEATH

Reg. Diat. No. 74

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Carroll City or town Freedom (If outside city or town limits, write RURAL and give nearest town) R.D. Sykesville (If rural, give LOCATION) 2.(a) It veteran, nama war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sax 5. Color frace 6.(a)Singla, marriad, widowad, or divorced Married	MEDICAL CERTIFICATION Prov to 20. DATE OF DEATH. aug. 20 1948 21 4:30 f)
Katie S. Gist 6.(b) Name of Ausband or with Katie S. Gist 6.(c) It allva, give aga years 7. Birth date of daceased (mo., day, yr.) June 28, 1882	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days It lass than ona day 1 22hrs	Immediata cause of death
9. Birthplace	Due to Chronic Myseardelis 2-34
11. Industry or businasa William B. Gist 12. Name Maryland	Other conditions.
Alice V. Grimes 14. Maiden name. Maryland	(Include pregnancy within 3 months of death) Major findings of operations
Mrs. Katie S. Gist Address Sykesville, Md.	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Date thereof 8-23-48 (Burial, compared Which?) (month) (day) (year) Freedom	22. VIOLENCE: If death was dua to external causas, till in the following: Accidant, suicide, or homicide
Freedom, Carroll Co. Md. C. M. Waltz	Injurad at home, tarm, Industry, public place (whare?)
) Address Winfield, Md. 19. Aug. 21 19 48 C. Harry Weer)	23. SIGNATURALINES T March Deputy The lies of securior

WITH UNFADING INK. Supply every item of information important. Physicians: please write the causes of death cle

PLAINLY, is especially

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item of information carefully causes of death clearly and

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

Company Comp	ODITI I CONT	Reg. Dist. No.
How long in above place of death? La more 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	County Carroll	(For newborn infants give residence of mother)
Now long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex	How long in above place of death? 6 mare 1 >- day	City or town Personal Westmanner (If outside city or town limita, write RURAL and give nearest town)
3. (a) FULL NAME Porcal Security Number 6. Security Number 6. Security Number 6. Security Number 6. Security Number 8. Security Number 8. AGE: Security Number 8. AGE: Security Number 9. Birthplace Security Number 10. Usual occupations. 11. Industry or business 11. Industry or business 12. Idea of Security Number 13. Birthplace Security Number 14. Maiden name. Malay Months 15. Birthplace Security Number 16. Informant Security Number 17. Birth date of Security Number 18. Age: Security Number 19. Birthplace Security Number 20. Date of OEATH Security Security Number 21. Idea of OEATH Security Security Security Number 22. Idea of OEATH Security Security Security Number 23. Idea of OEATH Security Security Security Number 24. Idea of OEATH Security Security Security Number Security Num	3. Center St.	(If rural, give LOCATION)
4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced 10. Birth date of deceased from the date above stated; that I attended deceased from the date above stated; that I atte		2.(a) If veteran, name war
8. (b) Name of husband or wife	Ponald Lee Viet	3. (b) Social Security Number
5.(c) Halire, give age years 1. Birth date of deceased (mo., day, yr.) 3. AGE: Vears Months Days It less than one day 4. Coron, county, and state) 10. Usual occupation. 11. Industry or business 12. Name. T. P. Art. Cit. Levin. Six. Months 13. Birthplace (S. Corolland, Survival Six. Months) 14. Maiden name. Malay Mandaman. 15. Birthplace (S. Corolland, Survival Six. Months) 16. Informant. Research (S. Corolland, Survival Six. Months) 17. Burial, oremation, or perpoval. Which?) 18. Intermation, or perpoval. Which?) 19. Birth date of decased (mo., day, yr.) 19. Birth date of death. 19. Birth date o		MEDICAL CERTIFICATION 20. DATE OF DEATH. August 24 1948 21 6 P. N
8. AGE: Years Months Days It less than one day G 2' hrs. min. 9. Birthplace Add occupation Due to	7. Birth date of Z A . 2	august 22 1948 10 august 214 19 48
9. Birthplace (Town, county, and ataté) 10. Usual occupation 11. Industry or business 12. Name Thancis Levine Sist 13. Birthplace General Go. Nad. 14. Maiden name Mary Translations 15. Birthplace Ganal Go. Nad. 16. Informant Levine St. Wishgame Mad. Address Thancis Levine St. Wishgame Mad. 17. Divine St. Wishgame Mad. 18. Date thereoleus 26 - 1918 1918 1918 1918 22. VIOLENCE: If death was due to external causes, fill in the following: 17. Divine St. Wishgame Mad. 18. Date of op. 1918 22. VIOLENCE: If death was due to external causes, fill in the following: 18. Date of 1918 22. VIOLENCE: If death was due to external causes, fill in the following: 1918 Accident, suicide, or homicide Date of	8. AGE: Years Months Days It leas than one day	2.de
11. Industry or business 12. Name	9. Birthplace	Due to bothers aute 4 day
14. Maiden name Maly Juntania Major findings of operations. 15. Birthplace 6 and 6 o. Med. 16. Informant June 21. Dist. Address H. Bentu St. Wishing Med. 17. Divide Date thereology 26 - 1948 (Burial, cremation, or pypoval. Which?) Date thereology (day) (year) (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Aotopsy results. PHYSICIAN: Please ooderline the cause to which death should be charged atatistically 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Date of op. Date of op. Date of op. Aotopsy results. PHYSICIAN: Please ooderline the cause to which death should be charged atatistically accident, suicide, or homicide. Date of Date of op.	40.0	
14. Maiden name Mary Juntania Major findings of operations. 15. Birthplace 6 and 6 a. Ned. 16. Informant June 21. Dist. Major findings of operations. Address A. Einla St. Wishgama M. d. 17. Distant Date thereology. 26 - 1948 (Burial, gremation, or perpoval. Which) Date thereology. 26 - 1948 (Burial, gremation, or perpoval. Which) Date thereology. 26 - 1948 (Burial, gremation, or perpoval. Which)	12. Name 7 rancis Levine Sist	
16. Informant Transcript L. Sist Address A. Benlu St. Wishingman Ind. 17. British (Burial, gremation, or popoval. Which?) Date thereology. 26 - 1918 (Burial, gremation, or popoval. Which?) Date thereology. 26 - 1918 Accopsy results. PHYSICIAN: Please ooderline the cause to which death should be charged attristically 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of		Major findings of operations.
17. Date thereo (supposed) (Burial, cremation, or perposal. Which?) Date thereo (supposed) (day) (year) Date of	16. Informant Francis L. Sist	
Where did to jury occur?	17 Brisal Date thereology 26 - 1948	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
	cemetery or crematory Deer hank Generally	Whers did injury occur? (City or town) (County) (State)
Location Smallwood, (m. 4). Injured at home, farm, Industry, public place (where?) Injured at work? Injured at work?	Location Land	Injured at home, farm, Industry, public place (where?) Missins of Injury thjured at work?
Address Wartminston Md. H25 48 Helens June 23. SIGNATURE Chas. R. 4 Fouly M.	Address Wartminston M. d. 19. J 25 : 48 Helenas June	Westman et Bul J. D. or other

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AUG 27 1948 BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) County Coars ontside city or town limita, write RURAL and give nearest town) How long in above place of death?.. Hospital, institution, or street address where death occurred: (If rural, give LOCATION) information of death cle 2.(a) It veteran, name war. How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race MEDICAL CERTIFICATION BINDING FOR 7. Birth date of deceased (mo., day, yr.) If less than one day 8. AGE: RESERVED 26 d (Town, county, and atate) 10. Usual occupation. MARGIN 11. Industry or business (Include pregnancy within 3 months of death) Major findings of operations. especially PHYSICIAN: Please underline the cause to which death should be charged statistically. PLAINLY is especial 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did Injury occur? (4) (County) SE WRIT Injured at home, farm, Industry, public place (where?) Address Date signed .. Registrar (Date reg'd by registrar)

AUG 13 1948

2411 N. Charles St., Baltimore

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DURATION June

Dato signed 8/8/48

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DE.	ATH:			2. USUAL RESIDENCE (HON	ME) OF DECEASED:	
County Carroll				(For newborn infants give residence of mother) State Maryland County		
City or town Henryton, Maryland (If outside city or town limits, write RURAL and give nearest town)						
(11 (Outside city of town i	davs	URAL and give nearest town)	City or town Baltimore (If outside city or to		**********************
How long in above place	of death?			(If outside city or to	wn limits, write RURAL and give	nearest town)
Hospital, Institution, or	Tuberculos	eath occurred	torium	Street No. 1830 Pennsyl	Valita Ave.	***************************************
Mary Land	Col	red Bro	anch, Henryton, Md	(if ru	rai, give LOCATION)	
		71 00 010		2.(a) if veteran, name war		
3. (a) FULL NAM	E				3. (b) Social Secur	-
100-	Edv	ward Gre	oss		212-16-459	0
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDIC	AL CERTIFICATION	
	Col.	Cin	ngle	Assenses	0 /	8 .510
male	001.	I OII	igio	20. DATE OF DEATH August		
6.(b) Namo of husband	or wifo			21. I CERTIFY that death occurred on the		
) If alive, give ageyo	August 6	19 40 to Augus	19
7. Birth date of			, 11 Eliver 8100 880	and that I last saw it		
deceased (mo., day,		5, 1909	I It less than one day	Immediate cause of death		
8. AGE: Year	B Months	Days	It iess man one day	Pulmonary Tubercu	losis	111-00-000
39	2	14	hrsn	<u></u>		194
a menetera F	Prince Geo	rge's C	ounty, Md.	Duo to	***************************************	
	(Town,	, county, and s	tate)			
10. Usual occupation.	Chauffeur			Quo to		
t 1. Industry or busines				D00 10	***************************************	
	lliam Gro	95			***************************************	
	117			Dther conditions	***************************************	
	Unknown			(Include pregnancy	within 8 months of death)	
# t4. Maiden name	Millie U	nknown	••••••	Major findiogs of aperations		
t4. Maiden name	Unknown ·			Major madiogs at aperacular		
=1 To. Birtinplace	-1					
te. Intermant. Dec	ceased	,		Antopsy results	nse to which death should be char	ged statistically
Address						
BUM	ial	Data there	8/11/4	22. VIOLENCE: If death was due to ex		
(Buriai, cremation	n, or removal. Which	?)	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremat	ory MIT G	werey	····	Where did injury occur?(City o	r town) (County)	(State)
IQ.	altis on	1. Fi	ito	Injured at home, farm, Industry, public		
Location	The same	11 2	700	Means of Injury	Injured at work?	
18. Funeral director	/ Com	2,/	eesou		(
Address 13	03 PM	esst	win. ST	. // /	Moffman, V.	n. D.
Ananat	0 10	00	13 10	23. SIGNATURE	M.	D, or other

Registrar | Address Henryton Maryland

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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(Date rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

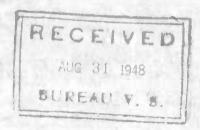
	OI BEATH	Reg. Dist. No.
2.	USUAL RESIDENCE (HOME	
SI	ate Mol-	Egynty Feedbrick
Ci	ty or town Frederic	ch.

Street No

2.(a) It veteran, name war		
3. (b) Social Security Number	
MEDICAL CERTIF	FICATION	_
		-
20. DATE OF DEATH HAG - 27	19 48 11 /2:3	0 /
21. I CERTIFY that death occurred on the date above stated		
Immediate cause of death	DURATI	
Pulmonary tuberow		11.0
	***************************************	•••••
Due fo.		
Due to		
Other conditions Congenital sys	hilis Life	
(Include pregnancy within 3 months of	V	
	Date of op	
Autopsy results	th should he charged statistically.	
22. VIOLENCE: It death was due to external causes, fill	In the following;	
Accident, suicide, or homicide	Date ot	
Where did Injury occur?(City or town)		
tnjured at home, farm, Industry, public place (where?)		
Mssns of Injury	Injured at work?	

23. SIGNATURE Joseph H. Marshell, M.D.

CERTIFICATE OF DEATH 1. PLACE OF DEATH: County .. City or town ... Hospital, Institution, or street address where death occurred 3. (a) FULL NAME Single 6.(b) Name of husband or wifeB.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Months ti less than one day 8. AGE: Years Days 10. Usual occupation 11. Industry or business 14. Maiden na 15. Birthplace Address (month) (way) (year) Dale thereof Cemetery or crematory....



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ADING INK. Supply every item of information care. Physicians: please write the causes of death clearly

PLAINLY, WITH CNF. is especially important.

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 75

CERTIFICAL	Reg. Dist. No. 20
1. PLACE OF DEATH: County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. AAAAChe Steel	State Te NN Accounty County
How long in above place of death? 2 Mon Th.S. Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nesreat town)
Long View Marsing Ifame	Street No. 217 (If rural, give LOCATION)
How long in hospital or institution? 2 110 mithos	2.(a) It veteran, name war.
3. (a) FULL NAME Edward M Granbine.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male while widower	20. DATE OF DEATH. August 2 19 48 21 10 19
6.(b) pame of bushand or wife. England Atileanul Licaned 5.(c) It alive, give age years	21. I CERTIFY that death occurred by the date above stated: that I attended deceased from May 24
7. Birth date of deceased (mo., day, yr.) (1871/21, 1873	Immediair cause of death A A DURATION
8. AGE: Years Months Days If less than one day	Lesetral Hessonhage 5 hos.
75 3 12hrsmin.	mars / 1/2 trais - Selenatic Corlin - Vascolar
9. 8irihpiace(Town, county, and state)	Due 10 March March
1D. Usual occupation	Due to
11. Industry or business	Ditter conditions Russia prayocardition
13. 8irthplace Youl County	(Include pregnancy within shorths of death)
14. Malden name Rose S. Swilt 15. Birthplace User County	Major findings of operations.
E 15. Birthplace Gamely	Date of op.
16. Informant Paris Paris Hall	Autopsy results
Address francover var 18, Nr. of 7	22. VIOLENCE: It death was due to external causes, till in the tollowing:
17	Accident, suicide, or homicide
Harrison Do Got Oliva	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
Location & Can set Whiten Server	Meens of injury injured at work?
18. Funeral director	1 Page 1 min
19 aug. 2 1948 Mrs. Ar. P. & Denne	23. SIGNATURE M. D. or other
(Date r (c)d by registrar) Registrar	Address Husto Swell MA Date signed 8-2-4 Y

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BURBAU V. S.

MARYLAND STATE DEPARTMENT OF HEALT

2411 N. Charles St., Baltimore

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RTIFICATE	OF	DEATH	Reg.	Diat. No

1. PLACE OF D	EATH:				
1. PLACE OF D	coll				
City or town Her	ryton,	Maryland			
				do ve	n)
How long in above pla	ce of death?	шонець		uays	
How long in above pla	ce of death? 9	months	30	days	

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) Maryland

City or town Baltimore-5(If outside city or town limits, write RURAL and give nearest town Street No.1645 Abbott Street

(If rural, give LOCATION)

aryland Tuberculosis Sanatorium How long in hospital or institution Colored Branch, Henryton

3. (a) FULL NAME

Corene Hamlin

5. Color or race 4. Sex col

Married Temple Hamlin

6.(b) Name of husband or whe All

deceased (mo., day, yr.) October 22, 1915 8. AGE:

32 8. Birthplace Prince Edward's County, Virginia

Housewife

tt. Industry or business

12. Hame Dennis Rowe
13. Birthplace Rice, Virginia

14 Maiden name Lorene Wilev

Deceased

(Date rec'd by registrar)

August

Deputy Loca

MEDICAL CERTIFICATION

20. DATE DE DEATH August 12

3. (b) Social Security Number

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... August

and that I last saw h. OT glive on

Immediate cause of death Pulmonary Tuberculosis

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should he charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.....

Injured at home, farm, industry, public place (where?)

Where did injury occur?

Registrar | Address ..

menryton, Maryland

information of death clea

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 7.6

1. PLACE OF DEATH: County Carroll Westminster (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 9 years			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n State	nother)
Hospital, institution, or	atreet addreas where	death occurred:	Street No. 109 E. Gr	
How long in hospital or			2.(a) It veteran, name war	
3. (a) FULL NAME		Sarah Martha Ha	mon	3. (b) Social Security Number none
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION
female	white	widow	20. DATE OF DEATH August 19	19.485:15
7. Birth date of deceased (mo., day, yr	Tomas	xter Hamon 6.(c) It aliva, give ageyears ary 29, 1875 Days It less than one day	21. I CERUFY that death occurred on the date about 19	14 10 august 10 1848
8. AGE: Years 73	6	21hrsmin.	Jarkuspy	La Alla
1D. Usual occupation 11. Industry or businesa 12. Name	James Di Kentu Nanc Kentu Mrs. K. Westmin Or removal. Which? Lewis Lewis J. Fr	y M. Level cky R. Hollinger ster, Md.	Due to	ich death should be charged statistically. ses, fill in the tollowing; Date ot
19. (Date ree'd by reg	9 10 48	- June A Registrer	23. SIGNATURE	M. D. gother

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PLEASE

19. August 18, (Date rec'd by registrar)

1. PLACE OF DEATH:

MARYLAND	STATE	DEPARTMENT	OF	HEALTH (2
MAKILMID	DIVIT	DELVICENT	VI	TIPLE TIL

2411 N. Charles St., Baltimore

13 /-

- (1)	(0	poi		
0	0	6	()	0	

CERTIFICATE OF DEATH

2.(a) if veteran, name war..

E OF DEATH	Reg. Dist. No74
2. USUAL RESIDENCE (HOME) (For newborn infants give residence o	f mother)
State: Maryland C	euoty
	its, write RURAL and give nearest town)
Street No. 21 N . Central .	Avenue
	ve LOCATION)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

City or town Henry	ton Mary	rlanda	URAL and give nearest town)
How long in above place of Hospital, Institution, or	of death?	death occurred	o days
Maryland Tu			
How long in hospital or	Institution? Colo	red Br	anch
3. (a) FULL NAME			
	William	Ellsw	orth Harts
4. Sex	5. Color or race		e, married, widowed, or divorced
male	Col.	Ma	rried
6.(b) Name of husband (Lovel	v Hart	s
5.(0) Mame of nusband (
7. Birth date of deceased (mo., day, yr) April 18		c) If alive, give age
8. AGE: Years	Months	Days	If less than one day
66	4	0	hrsmln.
9. Sirthplace. Abe:	(Town,	yland county, and	
11. Industry or business			
当 12. Name SAm	Harts		
	(unknown)	174	
14. Malden name 15. Birthplace	Mary (unl	mown)	
2 15. Birthplace	Aberdeen,	Maryla	nd
16. Informant Dec		******************	
Address			
17(Burish, cremation,	or removal. Which?	Date ther	(month) (day) (year)
Cemetery or cremator	7 / / /	acr	- M
Location	a. co	- Ly	
t8. Funerat director	mrs Kobei	X Elle	st tranglier

Deputy Loca

MEDICAL CERTIFICATION 20. DATE OF DEATH August 18. 19 48 at 6:2

3. (b) Social Security Number

nd that I last saw h im alive on August 18,	1948
mmediate cause of death	DURATION
Pulmonary Tuberculosis	July
*	1947
ue to	
ue to	
98 10	
ther conditions	
ther conditions	
(Include pregnancy within 3 months of death)
sjor findings of operations.	***************************************
Date	e of op
ntepsy results	
HYSICIAN: Please underline the cause to which death should	d be charged statistically.
2. VIOLENCE: if death was due to external causes, fill in the fo	illowing;
ccident, suicide, or homicide	
fhera did injury occur?(City or town) (Cou	nty) (State)
njured at home, farm, industry, public place (where?)	***************************************

23. SIGNATURE Cechen For way m. D. or other

Registrar Address Henryton , maryland

Date signed 8-18-48

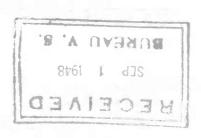
injured at work?



ITEM 6 b: letter from Dr. Hoffman changing wife's name on this cer.; filmed 9-20-48 MARYLAND STATE DEPARTMENT OF HEALTH correct, age 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Diat. No. 74 2. USUAL RESIDENCE (HOME) OF DECEASED: I. PLACE OF DEATH: (For newborn infants give residence of mother) County Henryton, Maryland Maryland (If outside city or town limits, write RURAL and give nearest town) Baltimore-17-(If outside city or town limits, write RURAL and give nearest town)
1228 McCulloh Street information carefully of death clearly and How long in above place of death?..... Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium (If rural, give LOCATION) How long in hospital or institution? Colored Branch, Henryton, Md 3. (b) Social Security Number 3. (a) FULL NAME SAMUEL FORREST HENDERSON 212-10-035 9 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Separated 20. DATE OF DEATH August 27 19 48 1:45A. Col. Male Myttle/Henderson 21. I CERTIFY that death occurred on the date above stated: that t affended deceased from August 25 48 August 6.(b) Name of husband or wife. 6.(c) If alive, give age 40 years and that I last saw him __alive on August 27 August 10, 1905 deceased (mo., day, yr.) Immediate cause of death..... If less than one day Months June 1, 8. AGE: Years Pulmonary Tuberculosis 17 43 Simpsonville, S.Carolina (Town, county, and state) Laborer 10. Usual occupation...... tt. Industry or business George Henderson 6 outh Carolina (Include pregnancy within 3 months of death) Ella Meekins Major findings of operations..... S .Carolina Nephew- M r. Harold Sullyvan PHYSICIAN: Please noderline the caose to which death should be charged statistically. PLAINLY, is especially Address 1927 W. Lafavette Ave. Baltimore-17-Md ZIQUIOLENCE: If death was due to external causes, fill in the following; Where did Injury occur?(City or town) Injured at home, farm, industry, public place (where?) Means of Injury August 27 Date signed 8/27/48 Registrar Address Henryton, Maryland (Date rec'd by registrar) Deputy

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MADVIAND	STATE	DEPARTMENT	OF	HEALT
MAKILAND	SIAIL	DEPARTMENT	Ur	REALL

2411 N. Charles St., Baltimore

EALTH 186 a

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CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DE				2. USUAL RESIDENCE (HOME)	OF DECEASED:
County				P	7
City or town	Sykesvil	le	RURAL and give nearest town)	Emadamiala	ouoly to the total
How long in above place	at death? Sinc	e 5-28	-1.7		its, write RURAL and give pearest town)
Hospital, institution, or	sireet address where	e death occurre	d:	Odd Pollows	
Spring	field Stat	e Hosp	ital	Street No. (1f rural, give	ve LOCATION)
How long in hospital o	r Institution? Six	ice 5-2	8-117		V
3. (a) FULL NAM	The second secon				3. (b) Social Security Number
	IGLEHAI	T, Fra	ncis Henry		
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL O	CERTIFICATION
male	white		widowed	20. DATE OF DEATH. August 28	10 48 12 45 P
6.(b) Name of husband	or wifs	?		21. I CERTIFY that death occurred on the date a	
			(c) If alive, give age	September 1	17 to Aug. 28 19 48
7. Birth date of	2-19-7	70			
deceased (mo., day,	71.07	Bays	If less than one day	Immediata cause af death	
8. AGE: Year 78	6	9		Chronic myocarditis	
	1	1	hrs.	min. degenera	ation more than 1 yr
9. BirthplaceBa	ltimore, 1	id.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Bue to	
	(Town	i, county, and	atate)		
10. Usual occupation.	Retired	i clerk		Bue to	
1t. Industry or busine	15				
	There are a discovered in	Igleh	art	Sther conditions Senile psych	osis bout 2 vrs
12. Name	Maryla	_			
	2			Hip fracture left (Include pregnancy within	3 months of death)
14. Maiden name t5. Birthplace			***************************************	Major findings of aperations	of Majo, Majo,
E t5. Birthplace	?				
	spital red	ords		Anteney results	
				PHYSICIAN: Please naderline the cause ts	which death should be charged statistically.
	ringfield	State	/ /	22. VIOLENCE: II death was due lo external o	equees, fill in the following:
17 /Ken	word	Date the	(month) (day) (year)	Assident euleide or homletde Ossa	lent Date of 7/10/48
(Burial, cremation	n, or removat. Whiel	17)	(month) (day) (year)	Where did in a neeur? Super	will sid.
Cemetery or cremat	ory	,	/ \	(City)or town	(County) (State)
Location	free	they	· , /nd.	Injured at home, farm, industry, public place	-6 1.18-
	m PF	thing	ne otan	Maana of Injury Fall -	Injured at work?
18. Funeral director	7			marin "	Som M.D
Address	freder	148,	md.	23. SIGNATURE Martin Gross,	M.D.
Rece	29 11	2 0	House Heer		M. D. or other
t9. (Date rec'd by r	egistrar)		Regis	trar Address Sykesville, Md.	0ate signed 8-28-1:8

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3. (b) Social Security Number

E OF DEATH	Reg. Dist. No. 74
2. USUAL RESIDENCE (HOME (For newbern infanty give residence	O OF DECEASED:
City or town Rally	mits, write RURA and give nearest town)
Street No. 2 (If rural,	give LOCATION)

			Luci	4
4. Sex	5. Color or race	8.(a)Single	e, married, widowed, or div	breed
6.(b) Name of husb	and or wife			
7. Birth date ot deceased (mo., d	27. Yr.) 2 1	14th	2) 1 allve, give ale	O
8. AGE: Y	Months	Days	if less than one day	

9. Birthplace	(Town, county, and state)	much
	(Town, county, and atate)	///
1D. Usual occupation	Mulen	dent.
ig. osgal occupation		
11. Industry or business	. 8	
# 12 Har // Lon	al when	one
E 12. Hallows		
13. Birthplace	Julivani	axa.
41		

16. (Report)	414	Hon	11/	Ba	Plan
17	Bunal	2	Date thereof Ca	4.11,1	1948
(Burial, c	r cremator	regfield	Hispirit	(month) (day)	(year)
Location	Sugar	Cerrille	e, m	d.	

Location	01/	1
18. Funeral directo	I	Teer
Address	Typisoll	le, md
~		10 1

Registrar

	MEDICAL CERTIFICA	TION
20, DATE OF DEAT	" Guar Gith	1948 at 7-16
21 I OFFIEY IN	t death occurred on the date above stated: that	Lattended deceased from
Ma	122 1093 106	Jus bitt 4
	nheralive on Aug 6	19.5
ind that I last sa	when live on any	197
mmediate cause	of death	DURATION
Usas	usust	- /
	Pinentan	1 2014
ue to		attended and attended
ue to	Hillery	251
		1

conditions	
(Include pregnancy within 3 months of death)	
r fiedings of operations.	•••••

PHYSICIAN:	Ptease	naderline	the	canse	to which	death	shoutd	he	charged	statistical
22. VIOLENCE	E: It d	eath was d	ue to	exteri	nai causes,	tili lo	the toll	owle	ng;	

There	did injury	occur?	(City or town)	(County)	(State

				(City (I LUW	117	(0	ountry)	(Scare)
lalund	of home	form	Laductor	nublla	nlace	(whore 2)			

Means of Injury		- 0	injured at work?
	(/4,	// //	

23.	SIGNATURE	H Ma	stan	MID.
23. Addr	. Syk	esulle	Selvaie	MyO. or other

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08250

CERTIFICATE OF DEATH

1. PLACE OF DE	17			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town Henr	yton, Mary	mita, write l	RURAL and give nearest town)	state Maryland county Prince George			
How long in above place of death? 1 Yr. 9 Mos. 16 Days Hospital, Institution, or street address where death occurred:				City or town Brandywine (If outside city or town limits, write RURAL and give n	earest town)		
Hospital, Institution, or	streel address where	death occurre	d:	Street No.	*******		
Maryland 1	ub erculos	is San	atorium	(If rural, give LOCATION)			
How tong in hospital o		red Bi	ancn	2.(a) If veteran, name war			
3. (a) FULL NAM	Joseph	Henry	Jones	3. (b) Social Securit	y Number		
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION			
male	Goli.	Wide	wer	20. DATE OF DEATH August 20.	all 0 + /5 A M		
				21. I CERTIFY that death occurred on the date above stated: that I attended do			
6.(b) Name of husband				November 4, 19 4 6 Augus t			
7. Birth date of			(c) If alive, give ageyears	and that liast saw h im alive on August 20,			
deceased (mo., day,				Immediate cause of death			
8. AGE: Year		Days	If less than one day	Pulmonary Tuberculosis	Sept. 1946		
88		6	hrsmin.		1946		
	ince Georg	e Coun	ty state)	Due to.	****		
10. Usual occupation.	Laborer		***************************************	Due to.	>=====================================		
11. Industry or busines				Due to			
		es		Other conditions			
	Maryland						
es 13. Birtispiace	Catherine	Tenfo	rs	(Include pregnancy within 3 months of death)			
H 14. Malden name	M 3 3	99866.9	.A. M	Major findings of operations.			
2 15. Birthplace	Maryland			Date of op			
16. Informant D.S	ceased			Autupsy results	d statistically.		
Address					a diameteracy.		
" Bur	ial	Date the	reof 8-25-48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide			
(Burial, cremation	n, or removal. Which	// //					
Cemetery or cremat	ory The	unc	i Closeltay,	Whers did injury occur?(City or town) (County)			
Location	sphere	lle.	my . I	Injured at home, farm, Industry, public place (where?)			
	C-40	cery	Wew	Msans of injury Injured at work?			
Address		svill		1/2 0 CADO.	200)		
	V //	n	1101	23. SIGNATURE / Celes Coffman	o, or other		
August		Deputy	Local Registrar	Address Henryton, Maryland Date signe	8-20-48		

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BUREAU V. S.

NFADING INK. Supply every item of information carefull it. Physicians: please write the causes of death clearly an

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 77

1. PLACE OF PEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Hamfattad (Rural)	State Maryland County Capall
(If outside city or town limits, write RUEAL and give nearest town)	City or town Hampstead (Kural)
How long in above place of death?	(If outside city or fown limits, write RURAL and give nearest town)
	Sireel No
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME / Y MA / 1/10	3. (b) Social Security Number
Povert M. Milline	44 213-09-9482
4. Sex 51 Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w sugle	20. DATE OF DEATH
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S,(c) If allve, give ageyears	may 1948 10 april 13 1948
7. Birth date of deceased (mo., day, yr.) Much 151883	and that I last saw h. Mag. alive on
8. AGE: Years Months Days It less than one day	Immediate cause of death
65- 4 28nrsmin.	
9. Birthplace	Due to
10. Usual occupation	Due to
11. Industry or business Leccenal	
12. Name Ougust Killinger 13. Birthplace Curkingon	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name alvinia Misselhoru 15. Birthplace uniqueocon	Major findings of operations
\$ 15. Birthplace Welkeroson	Date of op.
16. Informant Mis Kitty Meusbury	Autopsy results
Address Facusacias May	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereot. (moptly) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Greenway	Where did Injury occur? (City or town) (County) (State)
Canall of med	Injured at home, farm, Industry, public place (where?)
Education Education	Maens of Injury injured at work?
18. Funeral director.	2000
Address Hampineag Mil	23. SIGNATURE Maurie C. Vann Juni
(Watered by registrar) 19 48 Johns Areghes A	Hum Humps tears my note along 8614.48
(Haterred of Dy Legistrar)	Aduress A. M. Date Signed



AUG 18 1948 BUREAU V. S.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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U	0	2	0	1

			911
ner.	Dist.	No.	1/2

1. PLACE OF D	EATH:	Carrol	l.	2. USUAL RESIDENCE (HOME) Of (For newborn to fants give residence of	mother)	WM
Code	a C.F. Imma an		URAL and give nearest town)	State Bull Cana Cou	oty Cld garun	fun
(11	outside city or town			City or town. O grandulle	177124	2
How long in above place	ce of death?7-2.	death occurred				arest town)
	gfield Sta			Street No. (If rural, give		•••••
	or Institution?			2.(a) if veteran, name war		<u>k</u>
3. (a) FULL NAM					3. (b) Social Security	Number
Ira F	line				none	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
male	white	51	ingle	A	1.0	7 EE n.
				20. DATE DE DEATHAugust. 1,19		
6.(b) Name of husban	d or wife			21. I CERTIFY that death occurred on the date abo		eased from
			e) If alive, give ageyears	July 2h		19 48
7. Birth date of		1021	y and Bre again	and that I last naw h 1.m. alive on	Om Lou	19.40
deceased (mo., day		Days	If less than one day	Immediate cause of death		DURATION
8. AGE: Yea	ars months	Days		Gangrene of the r.fo	ot.	4 months
78 2			hrs,min.			
9 Rirthnlaced	sunspelle	avash	ingion md	Due to General arteriosc	lerosis	8 years
J. Dillipiesey	3 7 19 Wn	, county, and	tate		••••	
10. Usual occupation	Jano	<u> </u>		Dus to		***
11. Industry or busin	ess					*** ***********************************
E In Name	2			Dither conditions Psychosis wit	h cerebral	8 yrs.
12. Name	2		314	arterio-scle	rosis	
	2			(Include pregnancy within 8 a	months of death)	
H 14. Maiden nam	189			Major fiediogs of operations		
2 15. Birthplace	•	, 1				
	C161 -1	2 04-4	. Waamita?	Aotopsy results		
16. Informant			Hospital	PHYSICIAN: Please underline the cause to w	hich death should be charged	statistically.
Address	Sylesville	B.M.C.	0 1 ==	22. VIOLENCE: If death was due to external cau	ises, fill in the following:	
17 Bull	on, or removal. Which	Date ther	eof (month) (day) (year)	Accident, suicide, or homicide		
	1000	4.4	(aloren) (day) (year)	Where did Injury occur?(City or town)		
Cemetery or crems	atory					(State)
Location	ugnon	ando	mal	Injured at home, farm, industry, public place (w		
	Land I	uma	mot l.	Means of Injury	Injured at work?	7
18. Funeral director		1)	A hand	V11 V1 X1	1/ 1/	10
Addres	Mam	spry	mal	23. SIGNATURE	aspen 1)	9.5/
10 Aug	2	8 (0)	Harry Keer	10 111	M. B.	opomer /118
(Date rec'd by	registrar)		Registror	Address. 17 mum	Date signed	1 70

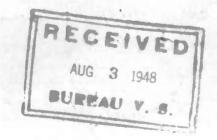
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PLAINLY, WITH UNFADING INK. Supply every item of information carefull, is especially important. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

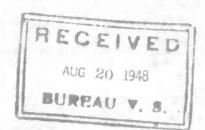
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CERTIFICATE OF DEATH

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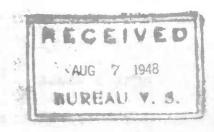
/			CERTIFICAT	Reg. Diat. No	
How long in above pla Hospital, institution, Maryland	ryton, Mar foutside city or town in ce of death? 7 your or street address where Tuberculos:	ears 9 death occurre	months 28 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Baltimore-17-M (If outside city or town limits, write RURAL and give not street No. 639 N . Schroeder Street (If rural, give LOCATION) 2.(a) It veteran, name war.	eareat town)

3. (a) FULL NAI		JIS EDN	NUND LEE	3. (b) Social Security	Number
4. Sex Male	5. Color or race		ls, married, widowed, or divorced arried	MEDICAL CERTIFICATION 20, DATE OF DEATH. August 18 19 48	3:30 P
	or wife Yvonn		(c) If alive, give age28years	21.1 CERTIFY that death occurred on the date above stated; that I ettended dec Uctober 21 19 40 to August and that I last saw h im alive on August 18	18 19 48
	ars Months	Days	it less than one day	Pulmonary Tuberculosis	Sept
1D. Usual occupation 11. Industry or busin	. Waiter		state)	Due to	
13. Birthplace N	facon, Georg Emma Jack Petersburg,	ia		(Include pregnancy within 3 months of death) Major findings of uperations	
16. Informan D	eceased			Autopsy results	
17. (Barial, cremat) Cemetery or crem Location	hip fet	Jak.	(mont) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)
19. (Date rec'd by	registrar) 19 48	nty L	ocal Registrar	Address Henryon Maryland Date signer	8/18/18



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	AINLY,
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1. PLACE OF DE	ATH:			TE OF DEATH Reg. Dist. 2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Carrol	1			(For newborn infants give residence of mother)		
How long in above place Hospital, institution, o Maryland	e of death? 2 mo r street address where Tuberculo	onths, dealh occurred: osis S	d JRAL and give nearest town) 19 days anatori um Branch	sireel No.512 Stockton Street (If rural, give LOCATION)	d give nearest town)	
3. (a) FULL NAM		roreu	<u> </u>	2.(d) If veteran, name war	Security Number	
J. (a) Tome HAM		red Le		215-12		
4. Sex	5. Color or race	8.(a)Single,	married, widowed, or divorced	MEDICAL CERTIFICATION		
emale	Col.	Sep	arated	20. DATE DF DEATH August 5,	, 48 ,11 F	
6.(b) Name of husband	or wite			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 17, 19.48 (August 5, 19.48) and that I last saw h. erally e on August 5, 19.48		
7. Birth date of deceased (mo., day.	yr.) Novembe	er 26.	1922	and that I last saw h		
8. AGE: Year 26	s Months	Days 10	It less than one day	Pulmonary Tuberculosis		
1D. Usual occupation.	ltimore, Town	Maryl, and at	and ate)	Due to		
	rmias Sčo W. Virgin					
14. Maiden name	Rebecca W. Virgin	Green	e	(Include pregnancy within 3 months of death) Major findings of operations		
14. Maiden name Rebecca Greene 15. Birthplace W. Virginia 16. Informant Deceased				Antopsy results		
(arariar) crommin	n, or removal. Which?	Oate there	of (month) (day) (year)			
Cemetery or crema	g. Com	ty 2	ng	Where did injury occur?	***************************************	
18. Funeral director.	Cano	eltin	acc.	Meens of Injury Injured at 1	.G.m.	
19 Augus	t 5, 19 48	Dent	ty Cocal Regist	Anna V	M. D. or other	



2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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			CERTITICA	L OI DEATH	Reg. Dist. No	l.#
(If outs	on, Mary side city or town death? 3 ye reet address wher berculos stitution?	land limits, write k ars 9 m e death occurred is Sana	torium	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r Maryland State	aly	arest town)
			harles Macon			
4. Sex Male	Col		e. married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. August 26 19 48 31 2:3		2:35
6.(b) Name of husband or wite Leila Macon 8.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) September 23, 1904				21. I CERTIFY that death occurred on the date about November 17, 19	44, August ust 26	26 19.48 19.48
8. AGE: Years	Months	Days	It less than one dayhrsmin.	Pulmonary Tuberculo	SIS	1938
11. Industry or business E 12. Name John	n Macon		esser	Due to		
Ta. Birthplace Chester, South Carolina Julia Macklin 14. Malden name Chester, South Carolina Chester, South Carolina				(Include pregnancy within 3 months of death) Major findings of operations		
Chester, South Carolina						
	eased			Autopsy results PHYSICIAN: Please auderline the cause to which death should be charged statistically.		
Address 17 (Burial, cremation, o Cemetery or crematory Location	Hebrus		reet #8 - 28 / 948	22. VIOLENCE: tf death was due to external cau Accident, suicide, or homicide Where did injury occur? (City or town) Injured at home, farm, industry, public place (wi	ses, till in the tollowing; Date of (County)	(State)
18. Funeral director Address 922 19. August 26 (Date rec'd by regis	M.SO	mede	llians v St ut R. S. Registrar	Means of injury 23. SIGNATURE Reusen Off Address Henryton, Marylar	Injured at work? August 277 . 2 M. D. 1d	or other 8/24 / 48

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information carefully of death clearly and

ADING INK. Supply every item of i Physicians: please write the causes

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CERTI	IFICAL	E OF DEATH Reg. Dist. No	14
1. PLACE OF DEATH:	1	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbork infants kive residence of mother)	
County	2	Mad.	
City or town	t town)	State County County	*
How long/n above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Maspital institution, or street address where wath respired	4		
Throng feld stall forfice	Street No		
	1.	2.(a) It veteran, name war.	V
How long in hospital or institution?			/*************************************
3. (a) FULL NAME	iara	Markell 3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a) Single, married, pidowed, or div	rorced	MEDICAL CERTIFICATION	
M War Classes	1.	(19 th 115	3-451
- 11 11 2 May		20. DATE OF DEATH 19.4	, at
B.(b) Name of husband or wite		21. ICEPTETY that death occurred on the date above stated, that extended dec	eased from
		March 26 194 10 ang	12 /1
7. Birth date of	years	and that I last saw hyportive on Leung 12	194
deceased (mo., day, yr.)	/	Immediate cause of death	OURATION
8. AGE: Years Months Days It less than one day			
370 7 29 /hrs	min.	1	
Sand.		(= 000 MAPM 1 -	
9. Birlhplace		Oue to	
1 01-1/10.	The Party of	MANNYUN	- I mi
10. Usual occupation	0 1	Oue to	
11. Industry or business			Q
12. Name Club I Markell	7	Other conditions July	
12. Name	no		
	0	(include pregnancy within 3 months of death)	
14. Malden name , arah Ballamal		Major findings of operations	
E 15. Birthplace 1 Pallymore	more	Oale of op	
16. Interment Alles of Parking Stells	611.	Antopsy results	
		PHYSICIAN: Please underline the cause to which death should be charge	d statistically.
Address Ballot N	rec'	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Burial Date thereoffice 20.	1948	Accident, sulcide, or homicide	
(Burial, eremation, of removal, Which?)			
Cemetery or crematory Stringful Hosp. Class	w.	Whera did Injury occur?	(State)
Location Augusticity, The		Injured at home, tarm, Industry, public place (where?)	
0 . 7/		Means of injury tnjured at work?	
18. Funeral director		0,10, 1/11	0.
Address Steelserille Zul.		XI XI XI	XIII
B	1 1	23. SIGNATURE	or other
19/leg 20 12+8 C. Herry a	Ker	Chappal-110	1/15/49
(Date oc'd by registrar)	Registrar	Address Date signor	. l des f f

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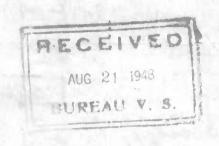
WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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CEDTIFICATE OF DEATH

Reg.	Diat.	No.	74
Keg.	Diat.	Mo.	

		*	CERTIFIC	ATE OF DEATH	Reg. Diat. No	
How long in above place of	ton, Mary side city or town death? 7 reet address where berculos	months	URAL and give nearest town) 8 days torium anch, Henryton, M	City or town	ounly	nearest town)
3. (a) FULL NAME	Carr	ie Clar	a Mathews		3. (b) Social Securit	ty Number
4. Sex female	5. Color or race		e, married, widowed, or divorced	MEDICAL (CERTIFICATION	2 .12.01
B.(b) Name of husband or	wife Lewi	s Mathe	eWS e) If alive, give age 65	21. I CERTIFY that death occurred on the date a December L, 11	bore stated: that lattended de August 9	eceased from 48
8. AGE: Years	Months 1	Days 5	If less than one day	Immediata cause of death Pulmonary Tuberculos	sis	March 1'
9. Birthplace	Housewif	e county, and	state)	Due to		
13. Birthplace Dancas very Virginia 14. Malden name Dancaster, Virginia Deceased 16. Informant				(Include pregnancy within Major fieldings of operations		
Address 17	Stinor	tus v Es s, A	month) (day) (yéar)	22. VtOLENCE: If death was due to external of Accident, suicide, or homicide	causes, fill in the following; Date of (County) (where?) Injured at work?	(State)

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ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibles.

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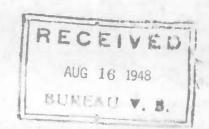
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2.2.2.2.2.2	EPARTMENT OF HEALTH Cles St., Baltimore TE OF DEATH Reg. Dist. No. 7.6		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MARY MAND. County REPORT COUNTY (If outside city or town limits, write RURAL and give nearest tow Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME WASIL MICHALCH	3. (b) Social Security Number		
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
MALE WHITE MARRIED	2D. DATE DF DEATH. Fluguet 11 19.48 21 11		
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 6. (c) If alive, give age	Immedia cause of death DURAT		
9. Birlhplace	Due 10. Diher condition Little a classes 15		
14. Maiden name	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.		
16. Informant COUNTY WELFARE BORRD Address WESTMINSTER, MD. 17. BURINE Date thereol 8/13/48 (Burial, cremation, or removal, Which?) (month) (flay) (year)	Autopsy results		
17 BURINE Date thereof S. 3 A 8 (Burial, cremation, or removal, Which?) Cemelery or crematory Caudity Home CEMETERY Location WESTMINGTER, M.D.	Accident, suicide, or homicide		
18. Funeral director	Means of Injury Injured a1 work? 23. SIGNATURE M. D. or other		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Oate signed 8-25-48

1	CERTIFICA	TE OF DEATH	Reg. Dist. No	7×
City or town	eroll in limits, write RURAL and give nearest town) ace 10-31-17 ere death occurred; te Hospital since 10-31-17 LIGAN, John Stuart	State Mary and Cou City or town Baltimore, Md (If outside city or town limits 1839 No Caro	nly	areat town)
4. Set 5. Color or race white	S.(a)Single, married, widowed, or divorced married	MEDICAL CE	ERTIFICATION	500F
7. Birth date of deceased (mo., day, yr.) 12–1 8. AGE: Years Months 59 8	Days It less than one daymi	ars and that I last saw h i.M. alive onAug Immediate cause of death	148 Aug. 25 25	1918 1918 DURATION
	e City wn. county, and state) ed postal clerk	Bue to		
Y 13. Birthplace Baltimo	s Mulligan ore City Heise more City	(Include pregnancy within 8 r	months of death)	
18. Informant Hospital re Address Springfield S Burial (Burial, eremation, or removal, White Cemetery or crematory Not Location Ba	0/20/40	Autopsy results PHYSICIAN: Please underline the cause to will 22. VIOLENCE: It death was due to external cau Accident, suicide, or homicide	hich death should be charged ises, fill in the tollowing; Bate of (County) here?)	a statistically.
10. Puneral director	Ah Hedris	23. SIGNATURE Martin Gross	Svors, M.D. M.D.	. or other

Registrar | Address Sykesville, Md

CEPTIFICATE OF DEATH

-			CERTIFICA	LE OF DEATH	Reg. Diat. No	/
A. PLACE OF 1	DEATH:			2. USUAL RESIDENCE (HOME) O	F DECEASED:	
CountyCar:	roll County			(For newborn initiants give residence of mother)		
City or townSylvesty 1.1. 8 town limits, write RURAL and give nearest town)				State Baltimore, Md. Co	uoly Baltimore	
200	If outside city of town	limits, write I	RURAL and give nearest town)			
How long in above pl	ace of death? 7-1	2-1741	4	(If outside city or town limit 1732 NoPayson A	s, write RURAL and give near	eat town)
	or street address where			Street no		
	-		ital	(If rural, give	e LOCATION)	. /
How long in hospita	or Institution?7-1.	5-41 (1	12)	2.(a) If veteran, name war		V.
3. (a) FULL NA	ME				3. (b) Social Security N	umber
	Edmund Pre	chtel			none	
4. Sex	5. Color or race		le, married, widowed, or divorced	The Dicks of	ERTIFICATION	
male	white			MEDICAL C	ERTIFICATION	
mare	WILLE	sing	(Te	20. DATE OF DEATH	19.10	ataol
				21. I CERTIFY that death occurred on the date ab	and alated. That I offended deseas	3 + CII P
6.(b) Name of husb	and or wife					
		6.	(c) If alive, give ageyears	7-15-1941		
7. Birth date of	July 16	.1881		and that I last saw him alive on 8 191		
deceased (mo., da	17. 71.7		1 Miles Manager day	Immediate cause of death		DURATION
8. AGE: 67	ears Months	Days 15	If less than one day	Bilateral Broncho	oneumonia	
01	0	17	hrs min.	4.0.0		
	The I			Due to Stroke and hemiplegia, left		
9. Birthplace	(Town	tounty, and	atate)			
10 Hourt conventi	Railroad	Freight	Man -Retired	Oue to		
10. Usual occupation	DIL					
11. Industry or bus	ness					
12. NameJ	hn F. Proch	t-a7		Other conditions Schizophrenia, paranoid type (Include pregnancy within 3 months of death)		
13. Birthplace	Baltimore	007				
			-			
14. Maiden na 15. Birthplace	meHelena W		ndT	Major findings of operations		
S 15. Birthplace	Baltimo	re				
				Antopsy results.		
16, Informant	Springfiel	d State	e Hospital	PHYSICIAN: Please underline the cause to v	which death should be charged at	tatistically.
Address	Sylesville,	Ma.				
Burial Burial Bate thereot (month) (day) (year) Greenmount Cemetery			8/4/48	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide		
			(month) (day) (year)			
	Gree:	nmount	t Cemetery	Where did injury occur?(City or town)	(County)	(State)
Cemetery or crematory Baltimore, Maryland						
Location				Injured at home, farm, Industry, public place (
an F - I dissale	HENRY S	ANDER	& SONS, INC.	Means of Injury	Injured at work?	
NO	RTH AVE.	& ERO	ADWAY	Us by Sal	A One	1
Address				23. SIGNATURED	shan MA	/
Colle	10+6 11	81	7 21 Hoda. 00		M. Vo	other /
(Date rec'd by	y registrar)		7. ZV. Hedrick	Addres I Meeralle	Uate signed	141
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May 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLAGE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State		
Gounty Henryton, Maryland			
City or town	State County Baltimore Halethorpe		
(If outside city of town limits, write RURAL and give hearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 2 days. Hospital Institution, or street address where death occurred:	Street No. 4308 Spencer Street		
Mospital Institution, or street address where death occurred: Paryland Tuberculosis Sanatorium	Street No. 4900 Spencer Street (If rural, give LOCATION)		
Colored Branch Henryton Md	(if rural, give LOCATION)		
The teng in her particular to the tength of			
3. (a) FULL NAME	3. (b) Social Security Number		
Wallace Donald Reeder	213-18-3064		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
1142 4	P.		
male Col. Widowed	2D. DATE DF DEATH. August 4 19.48 19.7:30 M		
B.(b) Name of husband or wile	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	August 2 19 48 to August 4 19 48		
7. Birth date of	and that I last saw h im alive on August 4 19 48		
deceased (mo., day, yr.) November 25, 1898	Immediate cause of death Pulmonary Tuberculosis DURATION		
8. AGE: Years Months Days Il less than one day	THE STATE OF		
49 8 10hrsmin.	May 194		
	- May Late		
Prince George's County, Md. (Town, county, and state)	Due to		
10. Usual occupation Laborer			
10. Usual occupation.	Due to		
11. tndustry or business			
12. Name George Reeder	Dither conditions		
12. Name George Reeder			
	(Include pregnancy within 3 months of death)		
14. Maiden name Ratie Donald 15. Birtholace Prince George's County Maryland	Major findings of operations		
2 15. Birthplace Prince George's County Maryland			
Deceased			
16. Informant December	Antopsy results		
Address			
. Runist man Man day 8.9-19	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Burial, cremation, or removal. Which?) Bate thereot. Man the arg \$ 9-194 (month) (day (year))	Accident, suicide, or homicide		
Cemetery or crematory new cailledvlendy	Where did injury occur?		
togetion Baltoma.	Injured at home, farm, industry, public place (where?)		
Location			
18. Funeral director Alles Kales R. Williams	Maens of injury injured at work?		
and of the de	1/2 0 400 0 2		
Address 322 M. S. Wrotte.	23. SIGNATURE leuken Offensan M. D. or other		
19. August 4. 19. 48. Clark. Registrar) 19. August 4. Registrar)	M. D. or other		
(Date rec'd by registrar) Deputy Local Registrat	Address Henryton, Maryland Date signed 8/4/48		

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information carefully of death clearly and

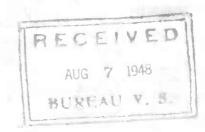
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2411 N. Charles St., Baltimore

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MARGIN

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Reg.	Dist.	No.	 //	Z

CERTIFICA	TE OF DEATH Reg. Dist. No.
i. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in ants give residence of mother)
City or town	, State County
How long in above place of death? Hospital Institution, or street aggress where death occurred	City or town (if outside city or town limits, write AURAL and give nearest town)
How long in hospital or institution? 2 M. Q. C.	(If rural, give LOCATION) 2.(a) If veleran, name war
3. (a) FULL NAME Rose Re	lleker. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I W Single	20. DATE OF DEATH. CMA 2 9 1948 318 - 38 W
6,(b) Name of husband or wite	100 2 2 10 4 10 and 25 19 4 8
7. Birth dale of	and that I last saw he lawe on Outg 2 8 15 13 45
8. AGE: Years Months Days If less than one day	Immediate cause of death
89 7 2/ hrsmin.	Chr. My Tambie Cyrs
9. Birthplace (Town, county, and state)	Due to Standsleman.
10. Usual occupation	Oue to for the first the same of the same
	Other conditions
12. Name 2 LV LL Bright 12. Name 2 LV LL Bright 13. Birthplace 2 LL Bright 13.	(Include pregnancy within 3 months of death)
14. Maiden name allen a Catherine 15. Birthology 15	Major fiadings of operations.
2 15. Birthaloce	Quality of op.
16. Information of the Hough of the	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Addys 2/ Bullmore for Out	22. VIOLENCE: It death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Salto Comes	Where did injury occur?
Location Balboma	Injured al home, farm, industry, public place (where?)
18. Funeral director fruits Stering Sons	Means of injury Injured at work?
Address 2024 Coleans It	23. SIGNATUME A BASSASSAS SOC.
19. Aug 30 19 48 Q W Helius (Date rec'oby registrar)	Address M. Alsande M. Date signed 9 45

CERTIFICATE OF DEATH 1. PLACE OF DEATH; (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.. Hospital, Institution, or street address where death occurred: How long in hospital or institution?. 3. (a) FULL NAME 5. Color or race deceased (mo., day, yr.) Days If less than one day 8. AGE: 9. Birthplace 14. Maiden na 15. Birthplace

(For newborn infants give residence of m	DECEASED: nother)	
OM. F. T.	- Peral	
(If outside city or town limits,	write RURAL and give nearest town)	
Street No. (If rural, give I	OCATION)	
2.(a) It veteran, name war		
	3. (b) Social Security Number	
MEDICAL CE	RTIFICATION	-
20. DATE OF DEATH		M
21. I CERTIFY that death occurred on the date above		Т
and that I last saw halive on	19	
Immediate cause uf death	DURATION	
Immediate gause uf death		
art in a de la ma	•	
Due to arterio selero		***

Due to		
		0.00
Other conditions		
(Include pregnancy within 3 m		-
Major findings of operations		• • •
Autopey results	ch death should he charged statistically.	
22. VIOLENCE: It death was due to external caus	es, fill in the following;	
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or town)		
Injured at home, farm, Industry, public place (who	ere?)	7
Means of Injury	Injured at work?	
(/ 0- 4).	N. TY S.	
23. SIGNATURE T Thank	L DEputy Medical Consuin	۲
Address Wratemunt	M. D. or other No. Date signed 9/48	

information carefully of death clearly and

ADING INK. Supply every item of Physicians: please write the causes

especially PLAINLY, is especially

WRITE

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ec'd by registrar)

BINDING

FOR

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AUG 14 1948

BUNEAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/0

CERTIFICATE OF DEATH

Reg. Dist. No. 82

1. PLACE OF DEATH: County Carroll		2. USUAL RESIDENCE (HOME) U (For newborn infants give residence of	r DECEASED: mother)	
	Rural	State Maryland county Carroll		
(If outside city or to	wn limits, write RURAL and give nearest town)	City or town Mt. Airy - R	ural	
How long in above place of death? 57 Yrs. Hospital, Institution, or street address where death occurred:		(If outside city or town limit	s, write RURAL and give nea	
		Streel No. Four County (If rural, give	LOCATION)	***************
		2.(a) If veteran, name war		*******
3. (a) FULL NAME			3. (b) Social Security	Number
AĿ	ICE V. SMITH		None	
4. Sex 5. Color or race		MEDICAL C	ERTIFICATION	
Female Whi	te Widowed	20. DATE OF DEATH August 3, 1	948 19	, a 8:50 P.M
6.(b) Name of husband or wife	avid W. Smith	21. 1 CERTIFY that death occurred on the date abo	ove stated; that I attended dece	ased from
		June 17, 19.	48, to8/3/48	19
7. Birth date of deceased (mo., day, yr.) Mar	ch 7, 1864	and theil last saw heralive on8./.3,		
8. AGE: Years Months	Days It less than one day	Immediate cause of death	on (001+0)	OURATION 2 hrs
84 84 4	26min.	Varotac Dilitati		
9. Birthplace Urbana,	Maryland	Due to	S	? yrs
	sewife	Bue to Cardoo-vascular	, renal deseas	e? yrs
11. industry or business	Day	Other conditions Hemiplaegia	(Ac-14)	
	and			
	Wolf.	(Include pregnancy within 3		
		Majer findings of operations		
2 15. Birihplace Maryl				
16. Informant William	d R. Smith	Autopsy results	1 - 1 - 1 - 1 - 1 - 1 - 1 2	
Address Mt. Air	ry, Maryland			statisticany.
n Burial	Date thereof August 5,1948	22. VIOLENCE: If death was due to external can		
(Burial, cremation, or removai. W	hich?) (month) (day) (year)	Accident, suicide, or homicide		
	ine Grove Cemetery	Where did injury occur?(City or town)		
Location Mt . Ai	ry, Maryland	Injured at home, farm, Industry, public place (w		*********
18. Funeral director	grandfreet moduce	Means of Injury	injured at work?	
	e, Maryland	000	Grahill M. D.	
		23. SIGNATURE	M.D.	or other
(Date rof il by registrar)	(g) Spu () Luydes Registrar			8/3/48

AUG 6 1948

SUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Sopplies is especially important. Physicians: please

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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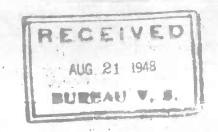
CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)	
County Carroll	Stats Maryland County	
City or town Sykesville, Maryland (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 5 months, 28 days	City or town Baltimore (If outside city or town limits, write RURAL and give nearest t	lown)
Hospital, institution, or stress address where death occurred:	Stresi No.	
Springfield State Hospital	(lf rural, give LOCATION)	./
How long in hospital or institution? 5 months, 28 days	2.(a) if veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Num	ber
SNYDER. Annie Amelia	none	
SNYDER, Annie Amelia 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female white macried Widowed	20. DATE DF DEATH August 16 1948	8:15 a
John Chardon	21. I CERTIFY that death occurred on the date above stated: that i attended decessed f	
6.(b) Name of husband or witsJohnSnyder	February 19 148 to August 16	
7. Birth date of	and that I last saw h er alive on August 16	
decsased (mo., day, yr.) UNINDOWN Sept. 12, 1863	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day	Bronchopneumonia 2	days
84 11 4hrsmln.		
9. Birthplace Maryland Baltimore County (Town, eounty, and state)	Due to.	*****************
10. Usual occupation housework	Due to.	
11. Industry or business		
¥ 12. Name —— Wesley Nash	Other conditions Senile psychosis se	veral
13. Birthplacs —— Unknown	(Include pregnancy within 3 months of death)	years
14. Maiden name Unknown		
6	Major findings of operations.	
16. Informant Records of Springfield St. Hospital	Autopsy results	tically.
Address Sykesville, Maryland		
17. Burial Burial Bals thereof 8/19/48 (Burlal, cremation, or removal, Whieh?)	22. VIOLENCE: If death was due to external causes, fill in the following:	
	Accident, suicide, or homicide	***************************************
Cemetery of Frenchisty Woodlawn	Where did injury occur?	ate)
Location Pikesville, Baltimore, Md.	Injured al home, farm, industry, public place (where?)	
18. Funeral director	Means of Injury tnjursd at work? ———	b
Address North &Pa. Aves. Balto. 17, Md.	makin over m	.D
A	23. SIGNATURE Martin Gross, M. D. M. D. or ot	her
19. Grand by registrary	Address Sykesville, Maryland Date signed 8/	

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plied.	CERTIFICA	TE OF DEATH Reg. Dist. No	-/-/
	County Carrall	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	City or town Union Tasson. Punal	State Maryland County Carrell	
fully ibly.	(If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution:	City or town four distribution of outside city or town limits, write RURAL NEAR and give	ard Notown)
should carefully and legibly.	Stay in hospital or inst. (yrs., or mos., or days)	Street No	
oulcoulc	Stay in this community (yrs., or mos., or days)	2(a) IF VETERAN, NAME WAR	
DING information sho	3. (a) FULL NAME Leona, Marie Staul-	3. (b) Social Security	
ati	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
orn of dea	female white sungle	20. DATE OF DEATH 19 4	1-, at 63 3 M
of sea	6 (b) Name of husband or wife	21 LEATIFY that death occurred on the above stated: that I attended dece	ased from
Fi 20	7. Birth date of deceased (mo., day, yr,)	and that I last saidh who here on and 17	1948
- O	8. AGE: Years Months Days If less than one day	Immediate cause of death	OURAMON
RVE	hrs. hrs.	(Sivea only 2 lins)	
RESERVED 3 INK. Eve s: please writ	9. Birthplace (Town, county, and state)	Due to Walson Cause	
9	10. Usual occupation ————————————————————————————————————	Due to	
MARGIN NFADIN Physicia	12. Name - Trilmer Start-	Other conditions	
¥ 5.	13. Birthplace faryland	(Toolsyle manager within 0 and 1 at 1	
THE	E 14. Maiden name alond Runer	(Include pregnancy within 3 months of death) Major findings:	PHYSICIAN
WITH important	15. Birthplace Maryland	Of operations	Please underline the cause to which death should be
	Address Union to the Market	Of eutopsy-	charged statisti- cally.
PLAINLY especially.	11. Burial Bate thereof aug 18-1948	22. VIOLENCE: If death was due to external causes, fill in the following;	
	(Burial, cremation, or removal. Which?) (month) (say) (year) (Cemetery or company)	Accident, suicide, or homicide Date of Where did injury occur?(City or town) (County)	
RIT	Location Cleasent Valley, Maryland	(City or town) (County) Injured at home, farm, industry, public place (where?)	(State)
EW	18. Funeral director DN Hastgler & Jana	Means of Injury Injured at work?	
VS A15 HLEASE WRITE correct age is	Abous Bridge & New Undgar, Md	23. SIGNATURE & Resulvilheus	m, D
VS PL	19. (Date red by registrar) 19.48 Margaret A. Euglau Registrar	Address Vestimuste Date signed	8 17 148



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

CERTIFICA	TE OF DEATH Reg. Dist. No.
County Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State 27 d
How long to hospital or Institution?	2.(a) If veteran, name war
	resifer 3. (b) Social Security Number 219-12-2437
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE DE DEATH
6.(b) Name of husband or wife	21. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Cug. 19-1962	and that I last saw h. I.M. alive on
8. AGE: Years Months Days It less than one day 46 — 9hrs	Cerebral hemorrhage
9. Birthplace & and (Town, county, and state)	Due to
10. Usual occupation. Lobor Gordase 60.	Due to
11. Industry or business / Kanoru Gordage Bo. 12. Name John D. Stonesifu 13. Birthplace Canoll Co. md.	Other conditions
14. Malden name Ellen Jane Stonisifer 15. Birtholace Pa.	(Include pregnancy within 3 months of death)
1 1 1 1 2 2 1 1	Date of op
Address union mills, md.	Actopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial, cremation, or removal. Which?) Date thereof. Sept. 1, 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Dax Cesa Genetary	Where did injury occur?
Location Dadsmann Vally, mill	Injured at home, farm, Industry, public place (where?) Means of Injury Injured 2t work?
18. Funeral director. H. Sankers Con. Address Westminster mcl.	23 SIGNATURE Oulins Chepks M. a
19. Adda 30 this 1948 Colins Bankers. (Date yo'd by registrar) Registra	M.D. or other

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

e correct age

information carefully of death clearly and

PLAINLY, V PLEASE WRITE A15 SA

SEP 2 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HE

2411 N. Charles St., Baltimore

AL.	IH	1
1	3	5

		CERTIFIC	AIE OF DEATH	Reg. Diat. No.	/4
1. PLACE OF DEATH: County			City or town. City or town. Cit outside city or town limit 828 Vine Street Street No.	ts, write RURAL and give near	rest town)
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
male	col	Married	20. DATE OF DEATH. August 12	19. 48	3:30 F
	Dogor	lian Williams 5.(c) It allve, give age 41 nber 26, 1908	and that I last saw h	48 August 1: 3ust 12	2 19 48
8. AGE: Years Months Days the less than one day 39 7 17			Immediate cause of death Pulmonary Tuberculos min. Due to. Diher conditions		March -1948
13. Birthplace H 14. Maiden nam 15. Birthplace	N.Carolina Mary Dee N.Caroli	ds ina	(Include pregnancy within 8		
Address 828	Vine Street	Date thereof. Company (year) Company Company (year)	22. VIOLENCE: If death was due to esternal ca	vhich death should be charged so nuses, till in the tollowing; Date of	(State)
18. Funeral director	08w mo	If oney she	2 5	Kuray m.	d .

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

PLAINLY, WITH-ONF is especially important.

PLEASE WRITE

RESERVED FOR BINDING

MARGIN

VS A15.

August 12 (Date rec'd by registrar)

48 Loca

Registrar Address.

Henryton, Mary land

M. D. or other 8/12/48

AUG 14 1948

BUREAU V. S.

1. PLACE OF DEATH:

3. (a) FULL NAME

M

County ..

4. Sex

CARROLL

Hospital, Institution, or street address where death occurred: Springfield State H spital

5. Color or race

W

How long in above place of death? 3 years, 7 months,

How long in hospital or institution? 3 years, 7 months,

ly every item of information carefully.

write the causes of death clearly and leg ADING INK. Supply Physicians: please wr

FOR BINDING

MARGIN RESERVED

WRITE PLAINLY is especiall PLEASE

especially

Address

(Date red d by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	300 PT	F 1 1	~ 4	PROPERTY.		W- W-	A FRINCE
1 14				let let	A 3 14	3 64 /	HTA
		11.1			171	171.1	~

L OI DEATH	Reg. Diat. No.
2. USUAL RESIDENCE (HOME (For newborn infants give residence	OF DECEASED:
state Maryland	County
City or town Baltimore (If outside city or town li	imits, write RURAL and give nearest town)
Street No. 2609 W. Belved	dere Avenue give LOCATION)
2.(a) If veteran, name war	
	3. (b) Social Security Number
	CERTIFICATION 21. 48.16:16.2

	th date of eased (m		Januar		(c) If alive, give ageyear 921
8. A	-	Years	Months	Days	if less than one day
		27	7	3	hrs min.
	dustry or	business	Wild R		
			S. Wil	liamson	
-		WANT WAY			the state of the s
THER		ace Bal	timore.	Maryla	nd
R FATHER	3. Birthpi		timore, lsie Pa		nd

16. Informant Records of Springfield State Haspital

Sykesville, Maryland

Sykesville, Maryland (If outside city or town limits, write RURAL and give nearest town)

ALEXANDER WILLIAMSON

6.(a) Single, married, widowed, or divorced

S

20. DATE OF DEATH Aug · 21, 1948	16:10 Pm
21. I CERTIFY that death occurred on to date above stated; that I attended decea March 10/ 19 48 to August and that I last saw himalive on August 21.	eed from
Immediate cause of death.	DURATION
Pulmonary Tuberculosis	
Due 10	***************************************
Due to	***************************************
Other conditions Psychosis with mental defic	ency
Mongolian Idiot (Include pregnancy within 3 months of death)	?
Major fiedings of operations	
Antopsy results	tatistically.
22. VIOLENCE: If death was due to external causes, fill in the following;	
Accident, suicide, or homicide	
Whera did Injury occur?(City or town) (County)	(State)
niured at home form Industry nubile place (where?)	

Maryland

Means of Injury

Address..

Registrar

Date signed 8/20/48

Injured at work?

Supply sase ye

WITH UNFADING INK.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

Reg. Dist. No.

CEPTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or fown. Sykasvilla, (If outside city or town limits, write RURAL and give nearest town)	State Maryland County
How long in above place of death? 2 months, 21 days	City or town. Baltimore, Maryland (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Springfield State Hospital	Street No. 221 S. Stricker Street (If rural, give LOCATION)
How long In hospital or institution? 2 months, 21 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ANTHONY JOHN ZIMERNACK	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION (DST)
An, W Sep.	20. DATE OF DEATH LIGHT Sug. 26, 19 48 315:55AM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4. 5. 19. 4. 8. 19. 4. 8. 19. 4. 8. 19. 4. 8. 19. 4. 8. 19. 4. 8. 19. 4. 8. 19. 4. 8. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
8. AGE: Years Months Days It less than one day	Generalized arteriogelessis 3
77 2 15hrsmin.	Arteriodeleratic beart ?
9. Birthplace. Baltimore, Maryland (Town, county, and atate) 1D. Usual occupation. Tile setter and marble work. 11. Industry or business	Oue to Olislate with Myscerchiel Olghvation Due to
12. Name Anthony Zimernack	Diher conditions of sychosis with
13. Birthplace Bohemia	cerebral arteriosclerosis
	(Include pregnancy within 3 months of death)
10	Major findings of operations.
	Date of op
Address Sykesville, Maryland	Autopay results
	22. VIOLENCE: If death was due fo external causes, fill in the following;
17. Buriel Date thereof Carl A. 3.0 - 48 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or cremator, Holy Cross	Where did Injury occur? (City or town) (County) (State)
Landing R. Taple Hawker	Injured at home, farm, Industry, public place (where?)
18. Funeral director Polit Of Blan Falters	Msans of injury Injured at work?
Address Pratt & Turker S. Is	m1)
da 6 KE Auxens	23. SIGNATURE M. D. UYGUNIA BEYET M. D. or other
19. (Date rec'd by registrar) Registrar	Address Sykesville, Maryland Date signed 8/26/48